

Contract Manager and
Location/Building: Kristi Broessel
Contract #: 2014-2043

Amendment No. 3 to the
Agreement Between
Michigan Department of Community Health
and
Real Alternatives
for
Michigan Pregnancy and Parenting Support Services Program

1. Period of Agreement

This agreement shall commence on October 1, 2013 and continue through September 30, 2015. This agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount

This amendment does not change the total or Department's original agreement amount.

3. Amendment Purpose

The purpose of the amendment is to modify the budget categories to reflect current spending, as shown on the Attachment B budget pages.

4. Original Agreement Conditions

It is understood and agreed that all other conditions of the original agreement remain the same.

5. Special Certification

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or Grantee.

6. Signature Section

For the Michigan Department of Community Health

Kristi Broessel

Kristi Broessel, Director, Grants and Purchasing Division

4/28/15

Date

For the GRANTEE:

KEVIN I. BAGATTA
Name (print)

PRESIDENT & CEO
Title (print)

Kevin I. Bagatta
Signature

4/22/15
Date

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger

Use WHOLE DOLLARS Only

ATTACHMENT B.1

PROGRAM Michigan Pregnancy & Parenting Support Services			DATE PREPARED 4/10/2015	Page 1	Of 1
CONTRACTOR NAME Real Alternatives			BUDGET PERIOD From: Oct. 1, 2013 To: Sep. 30, 2015		
MAILING ADDRESS (Number and Street) 7810 Allentown Blvd, Ste 304			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT	AMENDMENT # 3	
CITY Harrisburg	STATE PA	ZIP CODE 17112	FEDERAL ID NUMBER 23-2868660		
EXPENDITURE CATEGORY				TOTAL BUDGET (Use Whole Dollars)	
1. SALARY & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
Administrative Expenses	\$105,000			\$105,000	
Services Expenses	\$595,000			\$595,000	
8. (Sum of Lines 1-7)	\$700,000			\$0	\$0
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
10. TOTAL EXPENDITURES	\$700,000			\$0	\$0
SOURCE OF FUNDS:					
11. FEES & COLLECTIONS					
12. STATE AGREEMENT	\$700,000			\$700,000	
13. LOCAL					
14. FEDERAL					
15. OTHER(S)					
16. TOTAL FUNDING	\$700,000			\$0	\$0

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding.

The Department of Community Health is an equal opportunity

employer, services and programs provider.

DCH-0385(E) (Rev. 06/07) (Excel) Previous Edition Obsolete.

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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PROGRAM Michigan Pregnancy & Parenting Support Services		BUDGET PERIOD		DATE PREPARED
		From: Oct. 1, 2013	To: Sep. 30, 2015	4/10/2015
CONTRACTOR NAME Real Alternatives		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 3
1. SALARY & WAGES: POSITION DESCRIPTION		COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
President & CEO				\$ 26,700
Vice President - Administration				\$ 5,423
Assistant Director of Finance				\$ 1,777
Accountant				\$ 2,600
Bookkeeper				\$ 1,400
Accrued Vac & Sick				\$ 238
		1. TOTAL SALARY & WAGES:	0.000	\$ 38,138
2. FRINGE BENEFITS: (Specify)		<input checked="" type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> UNEMPLOY. <input checked="" type="checkbox"/> VISION <input checked="" type="checkbox"/> WORK COMP <input checked="" type="checkbox"/> RETIREM <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> OTHER: spe	2. TOTAL FRINGE BENEFITS:	\$ 13,435
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)			3. TOTAL TRAVEL:	\$ 3,500
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)			4. TOTAL SUPPLIES & MATERIALS:	\$ 27,123
5. CONTRACTUAL: (Subcontracts/Subrecipients)		Name Address Amount	5. TOTAL CONTRACTUAL:	\$ 7,200
Consulting		\$ 6,000	5. TOTAL CONTRACTUAL:	\$ 7,200
Legal Consulting.		\$ 1,200	5. TOTAL CONTRACTUAL:	\$ 7,200
6. EQUIPMENT: (Specify)		Amount	6. TOTAL EQUIPMENT:	\$ -
			6. TOTAL EQUIPMENT:	\$ -
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)		Amount	7. TOTAL OTHER EXPENSES:	\$ 15,604
Communication:			7. TOTAL OTHER EXPENSES:	\$ 15,604
Space Cost:		\$ 7,900	7. TOTAL OTHER EXPENSES:	\$ 15,604
Others (explain):		\$ 1,300	7. TOTAL OTHER EXPENSES:	\$ 15,604
Audit		\$ 5,000	7. TOTAL OTHER EXPENSES:	\$ 15,604
Equip. Service Contract		\$ 500	7. TOTAL OTHER EXPENSES:	\$ 15,604
Professional Development		\$ 624	7. TOTAL OTHER EXPENSES:	\$ 15,604
Job Advertising / Employee Screening		\$ 280	7. TOTAL OTHER EXPENSES:	\$ 15,604
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:	\$ 105,000	
9. INDIRECT COST CALCULATIONS:		Rate #1 Base \$ x Rate = \$ Rate #2 Base \$ x Rate = \$	9. TOTAL INDIRECT EXPENDITURES:	\$ -
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)		\$ 105,000	9. TOTAL INDIRECT EXPENDITURES:	\$ -
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is voluntary, but is required as a condition of funding. DCH-0380(E) (Rev. 06/07) (EXCEL) Previous Edition Obsolete		Use Additional Sheets as Needed		

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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Of

Use WHOLE DOLLARS Only

PROGRAM Michigan Pregnancy & Parenting Support Services	BUDGET PERIOD		DATE PREPARED 4/10/2015
	From: 10/1/2013	To: 9/30/2015	
CONTRACTOR NAME Real Alternatives	BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 3
1. SALARY & WAGES: POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
Vice President			\$ 21,700
Service Provider Approval			\$ 5,100
Quality Control Coordinator			\$ 3,000
Service Provider Monitoring			\$ 3,000
Toll Free			\$ 845
Accrued Vac & Sick			\$ 118
	1. TOTAL SALARY & WAGES:	0.000	\$ 33,763
2. FRINGE BENEFITS: (Specify)			
<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> UNEMPL <input checked="" type="checkbox"/> VISION INS <input checked="" type="checkbox"/> WORKCOMP <input checked="" type="checkbox"/> RETIRE <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> HOSPIT <input checked="" type="checkbox"/> OTHER: spe			\$ 10,561
	2. TOTAL FRINGE BENEFITS:	\$ 10,561	
3. TRAVEL: (Specify If category exceeds 10% of Total Expenditures)			\$ 4,900
	3. TOTAL TRAVEL:	\$ 4,900	
4. SUPPLIES & MATERIALS: (Specify If category exceeds 10% of Total Expenditures)			
Client Education Materials			\$ 6,500
Pregnancy Test Kits			\$ 3,500
	4. TOTAL SUPPLIES & MATERIALS:	\$ 10,000	
5. CONTRACTUAL: (Subcontracts/Subrecipients)			
Name	Amount		
Client Services	\$ 441,776		
Database Consulting	\$ 12,000		
	5. TOTAL CONTRACTUAL:	\$ 453,776	
6. EQUIPMENT: (Specify)			
	Amount		
	6. TOTAL EQUIPMENT:	\$ -	
7. OTHER EXPENSES: (Specify If category exceeds 10% of Total Expenditures)			
Communication:	Amount		
Space Cost: Services Advertising	\$ 71,000		
Others (explain): Toll Free Referral System	\$ 1,000		
Contract Closeout Cost	\$ 10,000		
	7. TOTAL OTHER EXPENSES:	\$ 82,000	
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)			\$ 595,000
9. INDIRECT COST CALCULATIONS:			
Rate #1 Base \$ -	x Rate	0.00%	= \$ -
Rate #2 Base \$ -	x Rate	0.00%	= \$ -
			9. TOTAL INDIRECT EXPENDITURES: \$ -
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)			\$ 595,000
AUTHORITY: P.A. 368 of 1978	The Department of Community Health is an equal opportunity employer, services and programs provider.		
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OCH-0368(E) (Rev. 06/07) (EXCEL) Previous Edition Obsolete	Use Additional Sheets as Needed		